

as yet there has been no definite action towards the erection of a building. In Connecticut and New Jersey the subject of a State Asylum has been agitated, and in his message for last year, the governor of the latter state urged upon the legislature the importance of such an institution. In Pennsylvania, a State Asylum has been commenced near Gray's Ferry, in the vicinity of Philadelphia, but the work is now suspended. Of the twenty-six states composing the Union, there are still fourteen in which there is no hospital exclusively devoted to the treatment of the insane. The deficiency is glaring, and we trust will soon awaken the interest and energies of those by whom it may be supplied.

The cities of Philadelphia, Baltimore, Washington, and perhaps some others have departments for the insane paupers in their respective almshouses. A building connected with the Charity Hospital in New Orleans is also appropriated to lunatics. There are several private institutions in different sections of the country, of which that of Drs. G. and S. White, in Hudson, N. Y., is the largest, and one of the most ably conducted.

---

ART. XIII.—*Luxation of the Patella on its axis.* BY JOSEPH P. GAZZAM, M.D., of Pittsburg, Pa.

SEPT. 10th, 1842. This evening at 7 o'clock, James, aged 21 years, son of Judge Porter, of Pittsburg, was thrown while wrestling, and immediately found himself unable to rise.

On seeing him about an hour after the accident, I found the patella of the right leg dislocated on its axis, i. e. it was lying on its edge—presenting the posterior face outward, and the anterior face inward—the inner edge resting in the groove between the condyles of the femur.

Flexing the thigh on the pelvis and straightening the leg, I endeavoured to replace the bone by pressing its edges in opposite directions, but failing (after repeated trials) I requested that the patient should be brought to town, (the accident happened three miles out of the city,) and additional advice procured.

At about 12 o'clock the patient was brought to his father's house, where I met Dr. Addison. After repeated unsuccessful attempts at reduction, it was thought well to lessen the tension of the joint by dividing the ligament of the patella. This I did by introducing beneath the skin a narrow-bladed knife, and cutting the ligament close to the tubercle of the tibia. Again we attempted reduction but failed. The patella could be moved on its edge more freely than before the cutting, but resisted all our efforts to replace it.

Dr. Speer was now joined to the consultation, and in accordance with his suggestion the patient was placed erect, a vein opened, and the blood allowed

to flow until the approach of syncope, when the efforts at reduction were renewed—but although the patella could be moved on its edge, it could not be lifted out of the groove in which it rested. It was now agreed to let the patient rest for a few hours.

11th. At 8 A. M. the consultation was resumed, and it was now proposed to adopt with some modification the plan of Dr. John Watson, of New York, as detailed in the *N. Y. Journ. of Med. and Surg.* No. 2, and republished in the *Am. Jour. of Med. Sciences*, vol. 25, p. 252.

The thigh was strongly flexed on the pelvis and the heel elevated. Then the leg was flexed steadily and forcibly on the thigh and suddenly straightened. At the moment of straightening the leg I pressed very strongly against the lower edge of the patella from without, with the head of a door key well wrapped, while Dr. Addison pressed with both thumbs against the upper edge of the bone towards the external condyle. On the fourth trial this manœuvre succeeded, the bone springing into its place with a snap. A cushioned splint was placed behind the knee and secured by a bandage—an evaporating lotion was used, and the patient kept at rest. Recovery was uninterrupted, and the young man has now perfect command of the limb.

To the inexperienced it may seem that I have attached undue importance to this case by reporting it for the medical public; but I have no fear that those who have encountered such a case will think it altogether valueless.

PITTSBURG, Dec. 1842.

---

ART. XIV.—*Case of Salaam Convulsion, with Remarks.* BY EZRA P. BENNETT, M. D., of Danbury, Conn.

In the No. of this Journal for July, 1841, p. 187, I noticed the report of a case of that peculiar form of convulsive disease called Salaam convulsion, by Dr. West, of Tunbridge, England, and in the January No. for 1843, p. 243, another slight case by Dr. Barton, of Pennsylvania. Both these writers speak of the disease as being exceedingly rare, and both consider its pathology as entirely unknown. That it is a rare form of disease will be admitted by all. Seven cases only are to be found on record in all Europe. Four of these cases occurred in the practice of Sir Charles Clark; two in the practice of Dr. Locock, and one case only came under the observation of Sir Astley Cooper. No case so far as I can learn has been recorded in the United States, previous to Dr. Barton's, which was a very slight one, indeed barely sufficient to show the peculiar form of the disease.

The rarity of the disease; the obscurity of its pathology, and the disastrous results which have occurred in most of the cases reported, has induced